

PERFORMANCE
PHYSICAL THERAPY
OF NAPLES, INC.

PHYSICIAN REFERRAL

Patient's Name: _____

Diagnosis: _____

Precautions: _____

- Evaluate and Treat
- Home Program
- Work/Functional Conditioning
- Therapeutic Exercise
- Modalities
- Other _____

Comments: _____

Frequency: ____ x week ____ weeks or ____ visits total

Signature: _____

Date: _____

Clinics

North/Central

4949 Tamiami Trail
North, Suite 104
Naples, FL 34103
(239) 643-2040

East

3841 Tamiami Trail
East
Naples, FL 34112
(239) 732-9094

Immokalee Road

1201 Piper Blvd., Suite
18
Naples, FL 34110
(239) 593-3010